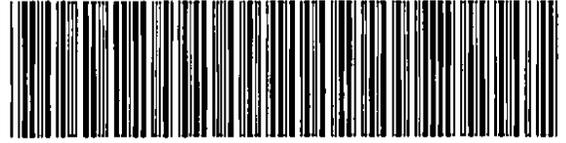


M20000007993



900383279219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2022 MAR -9 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 MAR -9 PM 4:09

LLC
Amend.

3/11/22

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2022

FLORIDA CAPITAL COURIER

SUBJECT: SAKAL VENTURES SERIES FUND, LLC, SERIES II
Ref. Number: M20000007993

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 622A00005761

RECEIVED
2022 MAR 10 PM 2:12
TALLAHASSEE, FLOR.

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 25.00

AUTHORIZATION SIGNATURE: 

Sakal Ventures Series Fund, LLC, Series II

(Business Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (please stamp each page) Articles of Incorporation

Certificate of Status

NEW FILINGS

AMMENDMENTS

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

CORP

Conversion

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTIL() _____
Country

Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAKAL VENTURES SERIES FUND, LLC, SERIES II

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANAGER

Name of Person

SAKAL VENTURES SERIES FUND, LLC, SERIES II

Firm/Company

3323 NE 163RD STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

otherdocforus@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LURA BARUA

at (888) 650-3738

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SAKAL VENTURES SERIES FUND, LLC, SERIES II

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M20000007993

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 08/24/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LEGACY RA GROUP INC.

New Registered Office Address: 2330 CLARE DR

Enter Florida Street Address

TALLAHASSEE

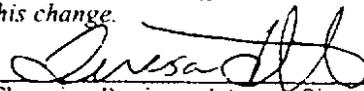
City

Florida 32309

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

2022 MAR -9 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

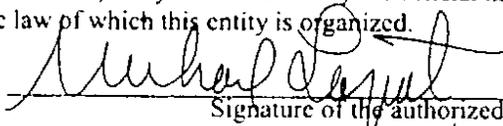
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KRIST BORTNOVSKY	3323 NE 163RD STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	TAYLOR BARLING	3323 NE 163RD STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	ARORA AJAY	3323 NE 163RD STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	SAKAL CAPITAL INVESTMENTS, LLC	3323 NE 163RD STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Michael Lapat
Typed or printed name of signee

Filing Fee: \$25.00